MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/562238
APPLICANT(S)

FILING DATE

CI	A	Th	AS	
\sim r	157	TT.		

	ASI	FILED		TER ndment	AFTER 2 ** AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.		
1	1-1-						
3	 						
4	 	╁┈┼╌┤					
5	 						
6		+					
7		1 7					
8							
9							
10	ļ						
11	 						
13	 						
14							
15	1						
16							
17							
18							
19		I					
20 21	 -						
22							
23							
24							
25							
26							
27							
28							
29 30	·						
31							
32							
33							
34							
35							
36							
37 38					 -		
39							
40							
41							
42							
43							
44						<u>. </u>	
45				J.			
46 47							
48							
49				 -			
50		1					
	4						
TOTAL IND.	لہا					▼	
TOTAL DEP	13	+		+	•	-	
TOTAL CLAIMS	19		8				

	A	AS FILED			AFTER 1"AMENDMENT			AFTER 2 MAMENDMENT	
	IN	D.	DEP.	. 1	IND.	D	EP.	IND.	
51				1					- DEI
52									
53									
54									
55	-			1					
56	-	_		4					
57				4					
<u>58</u> 59			···	4					
60				╁		┼			
61	+			╁		┼			ļ
62	+	\neg		╂		 			
63	1	_		╁		├			
64	1	\neg		╁		 			
65	1			1		 	_		
66				†		1	_		
67				1					
68	<u> </u>			Ι					
69		_		L					
70	<u> </u>			1					
71				Ļ			_		
72	┩	-		╀		<u> </u>	_		<u> </u>
74				╀		 			
75	┧──	-+		╂		 	-		
76	+-	\dashv		╂╌					
77	 	_		┢					
78				t		ļ	\dashv		-
79		_		t			1		
-80				Ī			1		
81							\neg		
82	<u> </u>	_ _							
83	ļ			L					
84	 			L					
85				L			_		
86	├ ──	-		 					
87 88	 			-					
89	 	- -		 -					
90	 			-					
91	 			H					
92		_		-					
93				-			1		
94		\neg		Т			-1-		$\overline{}$
95							1		
96				_			_		
97									
98							1		
99		$oxed{\Box}$							
100									
TOTAL IND.			#			1			-
TOTAL DEP.		•	-			+			-
TOTAL CLAIMS									
CLAIMS				_		1.50			